

**ON-CALL:
POSITIONS ONLY**

Please return application &
supplemental questionnaire in
person or by U.S. Mail with a
postmark on or before:

**CONTINUOUS
RECRUITMENT
2004**

City-County Employment Office

Your Telephone # _____ E-mail: _____ Date _____

MENTAL HEALTH TECHNICIAN - CRISIS CENTER

Req. #04-002

SUPPLEMENTAL QUESTIONNAIRE

Name _____ Social Security # _____

*Please allow 2 weeks from the closing date of this position before expecting
to receive notice (one way or another) with regards to an interview.*

PLEASE READ BEFORE COMPLETING:

The information you provide on this form will be used to further evaluate your training and experience as it relates to the position(s) for which you are applying. Be certain to include: paid employment, military history, volunteer experience, and any educational training and/or experience. **NOTE:** Please make certain that all employment history and education mentioned on this supplemental questionnaire also appear on your application. We screen all applications based upon the information **you, the applicant**, provide on these documents only. We do not refer to resumes.

This questionnaire is a supplement to your application and is made a part thereof and subject to all terms and conditions noted on the Application for Employment. Remember, you are responsible for the completeness and accuracy of this form as well as the application. Incomplete or omitted information on either of the documents could result in you, the applicant, not receiving full credit for your experience. So please, be as detailed as possible.

CRIMINAL HISTORY CHECKS WILL BE MADE ON THE TOP CANDIDATES.

ON-CALL positions only; working shifts, weekends and holidays. NO BENEFITS

1. Can you lift 50 lbs.? YES ____ NO ____

2. List courses taken in human services, mental health services, social work, psychology or related field:

_____	_____	_____
_____	_____	_____
_____	_____	_____

(CONTINUED ON REVERSE)

3. Do you have experience working in a mental health facility providing services to patients with psycho-social problems? YES ____ NO ____ If yes, where (employer) did you receive this experience?

Employer: _____ How long? _____

What was your job title and duties?

4. Do you have experience working with mental health patients in an inpatient setting? YES ____ NO ____ If yes, please list where (employer) you obtained this experience and describe your duties.

Employer: _____

Duties: _____

5. Do you have experience maintaining records relating to client's treatment and progress? YES ____ NO ____ If yes, state where (employer) you obtained this experience:

Employer: _____

Duties: _____

6. Do you have experience in working with community human service agencies? YES ____ NO ____ If yes, state where (employer) you obtained this experience and describe your experience:

Employer: _____

Duties: _____

(CONTINUED ON NEXT PAGE)

7. CRIMINAL HISTORY CHECKS will be conducted on the top applicants. In order to perform such checks, the Lincoln the Police Department requires the following information.

I understand that criminal history checks will be conducted on the candidates and I agree to provide the following information: _____

(Please initial)

Last Name

First Name

Middle Name

Birth date

Sex

Maiden Name (if applicable)

IMPORTANT – PLEASE NOTE POLICY BELOW:

I understand that **ALL convictions** for any law violation (i.e., DUI, shoplifting, minor in possession, reckless driving, etc.) other than a minor traffic violation (i.e., parking ticket, speeding ticket), including convictions that have been “*set aside*”, “*probationed*” or “*pardoned*”, **must be listed on the front of the application form or on an attached sheet.** Consideration is given to the offense and its relationship to the position for which you are applying. **Failure to list convictions will be considered to be falsification of your application and result in automatic rejection.** [Lancaster County Personnel Rules 5.4(c) and Lincoln Municipal Code 2.76.230(d)]

8. Have you listed on the application form **ALL** jobs and education described on this questionnaire?

YES ____ NO ____

NOTE: FAILURE TO LIST ALL JOBS AND/OR EDUCATION ON THE APPLICATION COULD BE CAUSE FOR REJECTION BASED ON INSUFFICIENT INFORMATION. A RESUME CANNOT BE USED AS A SUBSTITUTE. PLEASE CHECK YOUR APPLICATION AGAIN.